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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator
W. M. GALLAWAY

Address
101-2 Petroleum Plaza Building, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|--|-----------|
| Lease Name Charles | Well No. 1 | Pool Name, including Formation Undesignated Fruitland | Kind of Lease State, Federal or Fee U.S. SF47917 (b) | Lease No. |
| Location | | | | |
| Unit Letter M ; 1115 Feet From The South Line and 822 Feet From The West | | | | |
| Line of Section 24 Township 28 North , Range 11 West , NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|--|--|------|------|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | |
| Southern Union Gathering Company | Fidelity Union Tower, Dallas TX 75201 | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. |
| | | | | Is gas actually connected? No When |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

| | | | | | | | | |
|---|---|----------|---------------------------------|----------|-----------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded 11-20-75 | Date Compl. Ready to Prod. 1-2-1976 | | Total Depth 1600' | | P.B.T.D. 1556' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 5786' GR | Name of Producing Formation Fruitland | | Top Oil/Gas Pay 1486' | | Tubing Depth None | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 9 5/8" | 7 5/8" | | 58' | | 25 Sacks | | | |
| 6 3/4" | 4 1/2" | | 1592' | | 150 Sacks | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

| | | | |
|--|---|--|--------------------------------------|
| Actual Prod. Test-MCF/D 950 MCF | Length of Test 3 Hours | Bbls. Condensate/MMCF None | Gravity of Condensate None |
| Testing Method (pitot, back pr.) Back Pressure | Tubing Pressure (shut-in) No tubing | Casing Pressure (shut-in) 630# | Choke Size 3/4" |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

W M Gallaway
(Signature)
Operator
(Title)
January 16, 1976
(Date)

OIL CONSERVATION COMMISSION
APPROVED **JAN 19 1976**, 19____
BY Original Signed by M. R. Kendrick
SUPERVISOR DIST. #8
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.